

JAN 25 1947 775
Registration District

Primary Registration District No. 6020-a

Registrar's No. 83

1. PLACE OF DEATH:

- (a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Bonne Terre Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Two hours
(Specify whether
In this community all his life
years, months or days)

3. (a) PRINT
FULL NAMEZeno Resinger

3. (b) If veteran,
-
- name war

3. (c) Social Security
-
- No.

4. Sex m 5. Color or race white 6. (a) Single, widowed, married,
divorced married
6. (b) Name of husband or wife 6. (c) Age of husband or wife if
alive 64 years

7. Birth date of deceased
- march 27 - 1888
-
- (Month) (Day) (Year)

8. AGE: Years
- 62
- Months
- 8
- Days
- 1
- If less than one day
-
- hr. min.

9. Birthplace
- St. Genevieve Co Mo
-
- (City, town, or county) (State or foreign country)

10. Usual occupation
- Farmer

11. Industry or business

12. Name Wm R. Resinger
13. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Crawford
15. Birthplace St. Genevieve Co Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Fannie Resinger
(b) Address Farmington R3

17. (a) (b) Date thereof (Month) (Day) (Year)
-
- (Burial, cremation, or removal)

18. (a) Signature of funeral director
- Caldwell Bros
-
- (b) Address
- Flat River Mo

19. (a)
- Nov 30 1940
- (b)
- N. W. Hawkins
-
- (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo (b) County St. Francois
(c) City or town Farmer Rural Union Twp
(If outside city or town limits, write "RURAL")
(d) Street No. 0 (If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month
- Nov
- day
- 28
-
- year
- 1940
- hour
- 5
- minute
- 00
- M.

21. I hereby certify that I attended the deceased from Nov 16
1940 to Nov 28 1940
that I last saw him alive on Nov 27 1940
and that death occurred on the date and hour stated above.

- Immediate cause of death General Arteriosclerosis
Chronic myelitis

- Due to
- 13C

- Other conditions
-
- (Include pregnancy within 3 months of death)

- Major findings:
Of operations
Of autopsy

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

- (Specify type of place)
While at work? (e) Means of injury

23. Signature P. Applebury (M. D. or other)
Address Farmer Mo Date signed 11-30-40

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43719

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 775

Primary Registration District No. 6020

Registrar's No. _____

1. PLACE OF DEATH:

(a) County St. Francois
(b) City or town Bonne Terre
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community _____ years, months or days

3. (a) PRINT FULL NAME

Zeno Resinger

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased Mar 27 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 8 Days 1 If less than one year, hr. _____ min. _____

9. Birthplace _____ (City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____

13. Birthplace _____ (City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace _____ (City, town, or county) (State or foreign country)

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) N. W. Hawkin
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____

(c) City or town _____ (If outside city or town limits write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 28
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature G. Appleberry (M. D. or other) _____

Address Jefferson Date signed _____

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

SUPPLEMENTARY

